## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

(2A2105/YO) (A 432:0125

| (Column 1) (Column 2)                          |   |  |                 |                               |                      |                  |    | SMALL ENTITY TYPE |                        |       | OTHER THAN OR SMALL ENTITY |                        |
|--|---|--|-----------------|-------------------------------|----------------------|------------------|----|-------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS                                   |   |  | 30              |                               |                      |                  | Ė  | RATE              | FEE                    | )<br> | RATE                       | FEE                    |
| FOR  |   |  | NUMBER FILED    |                               | NUMBER EXTRA         |                  | 8  | ASIC FEE          | 375.00                 | OR    | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                        |   |  | 30 minus 20=    |                               | * 10                 |                  |    | X\$ 9=            |                        | OR    | X\$18=                     | 180                    |
| INDEPENDENT CLAIMS                             |   |  | minus 3 =       |                               | * /                  |                  | r  | X42=              |                        | OR    | X84=                       | 84                     |
| MU   | LTIPLE DEPEN  | DENT CLAIM P   | RESENT          |                               |                      |                  | F  | +140=             |                        |       | +280=                      |                        |
| * If   | the difference  | in column 1 is   | less than ze    | ro, enter                     | "0" in column 2      |                  | L  |                   |                        | OR    |                            | roul.                  |
| CLAIMS AS AMENDED - PART II                    |   |  |                 |                               |                      |                  |    | TOTAL             |                        | OR    | TOTAL OTHER                | 1014                   |
|  |   | (Column 1)   |                 | (Colur                        | nn 2)                | (Column 3)       |    | SMALL E           | ENTITY                 | OR    | SMALL                      |                        |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                    |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA |    | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *  | Minus           | **                            |                      | =                |    | X\$ 9=            |                        | OR    | X\$18=                     |                        |
|  | Independent   | *  | Minus           | i                             |                      |                  |    | X42=              |                        | OR    | X84=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                 |                               |                      |                  |    | +140=             |                        | OR    | +280=                      |                        |
|  |   |  |                 |                               |                      |                  |    | TOTAL             |                        |       | TOTAL                      |                        |
|  | _   | AL   | ODIT. FEE       |                               |                      | ADDIT. FEE       |    |                   |                        |       |                            |                        |
| AMENDMENT B                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                    |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |    | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *  | Minus           | **                            |                      | =                |    | X\$ 9=            |                        | OR    | X\$18=                     |                        |
| AME  | Independent   | *  | Minus           | ***                           |                      | =                | ╏┟ | X42=              |                        | OR    | X84=                       |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                 |                               |                      |                  |    | +140=             |                        |       | +280=                      |                        |
|  |   |  |                 |                               |                      |                  |    | TOTAL             |                        | OR    | TOTAL                      |                        |
| (Column 1) (Column 2) (Column 3)               |   |  |                 |                               |                      |                  |    | ODIT. FEE         |                        | OR    | ADDIT. FEE                 |                        |
| AMENDMENT C                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                    |                 | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |    | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *  | Minus           | **                            |                      | =                |    | X\$ 9=            |                        | OR    | X\$18=                     |                        |
|  | Ind pendent   | *  | Minus           | ***                           |                      | =                | ╽┟ | X42=              |                        |       | X84=                       |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                 |                               |                      |                  |    | +140=             |                        | OR    |                            |                        |
| *  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |                 |                               |                      |                  |    |                   |                        | OR    | +280=                      |                        |
| ***  | If the "Highest Nu  | mber Previously P<br>mber Previously P<br>nber Previously Pa | aid For" IN THI | S SPACE                       | is less tha          | ın 3. enter "3 " | ~L | TOTAL DOIT. FEE   | ropriate box           |       | ADDIT. FEE                 |                        |